

Select Committee on Children

PUBLIC HEARING

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Testimony of Carolyn Signorelli  
Chief Child Protection Attorney  
330 Main Street, 2nd Fl.  
Hartford, CT 06106  
860-566-1341  
Fax: 860-566-1349  
carolyn.signorelli@jud.ct.gov

RB No. 981: Support

Good Morning Senator Musto, Representative Urban and esteemed Committee Members. My name is Carolyn Signorelli, Chief Child Protection Attorney for the State of Connecticut. Thank you for the opportunity to submit this written testimony in support of Raised Bill 981, AN ACT CONCERNING THE PLACEMENT OF YOUNG CHILDREN IN CONGREGATE CARE FACILITIES.

DCF embraced the strategy of placing abused children in "safe homes" as a means to evaluate their needs more thoroughly, keep siblings together and establish a stable and appropriate placement for children more quickly. These goals have not materialized as a result of the use of Safe Homes.<sup>1</sup> Yet we have very young children being cared for in a group home setting and too many children over-staying the maximum time limit.<sup>2</sup>

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<sup>1</sup> A study published in *Child Abuse & Neglect* 29 (2005) 627-643 evaluating the efficacy of Connecticut's Safe Homes found: "Prior to the initiation of the SAFE Homes program, 75% of the children who entered care in the State experienced three or more placements in the first year. The outcomes of both the SH and FC cases were significantly improved over pre-SAFE Home State statistics. The FC group, however, had comparable or better outcomes on "most variables examined. In addition, the total cost for out-of-home care for the children in FC was significantly less, despite the fact that the two groups spent similar amounts of time in care (average time in care: 7 months). This finding held when the total placement cost was calculated using the State reimbursement rate of \$206.00 per day for SAFE Home care (SH: \$20,851±24,231; FC: \$8,441±21,126,  $p<.001$ ), and a conservative SAFE Home program fee of \$85.00 per day that only considered the child care and custodial staffing costs uniquely associated with the program (SH: \$13,314±21,718; FC: \$8,441±21,126,  $p<.001$ ). **Conclusion:** Improvements in outcomes related to continuity of care can be attained through staff training. The SAFE Home model of care is not cost-effective for first-time placements. © 2005 Published by Elsevier Ltd.

<sup>2</sup> The number of children utilizing SAFE Home temporary placements as of November 2010 was 99. The number of children in SAFE Home in overstay status (>60 days) was at 59 children in the Fourth Quarter of 2010. There were 14 children with lengths of stay in excess of six-months as of November 2010. As of December 2010, 25 children under 6 years old were placed in safe homes.

Research regarding the efficacy of institutional care has documented that congregate care at any age does not achieve the goals the child welfare system espouses and certainly does not enhance outcomes for young children who need a secure attachment to a consistent, nurturing, and reliable caretaker for appropriate development. (Cassidy & Shaver, 1999)

Applying the principles of Results Based Accountability to the practice of placing young children in a congregate care setting, Connecticut's Safe Homes should no longer be considered an acceptable placement option for children under 6 who are especially vulnerable to the negative effects of interference with their primary attachment. They do not enhance outcomes as far as permanency and well-being for children and they cost more than providing care in preferable family based settings. The funds saved on reducing the use of Safe Homes should be transitioned to services to provide for children's safety and well-being in family settings, whether with their biological family or a with a necessary substitute family.

Therefore, I respectfully request that the Committee act favorably on this bill and prevent DCF from relying on congregate care to serve children under six and their siblings.

Respectfully Submitted,

Carolyn Signorelli